

CAHPSTM 2.0

**Adult Supplemental
Questions**

October, 1998

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COMMUNICATION

Insert C1 after Q-27 in “Your Health Care in the Last 12 Months” section of the CAHPS 2.0 Adult Core Questionnaire

For Medicaid, reference period should be stated as “In the Last 6 Months”

C1. In the last 12 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because you spoke different languages?

- ¹ ☐ Never
- ² ☐ Sometimes
- ³ ☐ Usually
- ⁴ ☐ Always
- ☐ I had no visits in the last 12 months.

INTERPRETER

Insert I1 and I2 after Q-31 in "Your Health Care in the Last 12 Months" section of the CAHPS 2.0 Adult Core Questionnaire

For Medicaid, reference period should be stated as "In the Last 6 Months"

- I1. An interpreter is someone who repeats or signs what one person says in a language used by another person.**

In the last 12 months, did you need an interpreter to help you speak with doctors or other health providers?

¹ ☐ Yes

² ☐ No **Go to Question 32 of the CAHPS 2.0 Adult Core Questionnaire**

- I2. In the last 12 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?**

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

☐ I had no visits in the last 12 months or I didn't need an interpreter in the last 12 months.

Insert I3 after Q-44 in "About You" of the CAHPS 2.0 Adult Core Questionnaire

- I3. What language do you mainly speak at home?**

¹ ☐ Language 1

² ☐ Language 2

³ ☐ Language 3

⁴ ☐ Language 4

DENTAL CARE

Insert D1 to D3 after Q-31 in "Your Health Care in the Last 12 Months" section of the CAHPS 2.0 Adult Core Questionnaire

For Medicaid, reference period should be stated as "In the Last 6 Months"

D1. In the last 12 months, did you get care from a dentist's office or dental clinic?

¹ ☐ Yes

² ☐ No **Go to Question 32 of the CAHPS 2.0 Adult Core Questionnaire**

D2. In the last 12 months, how many times did you go to a dentist's office or dental clinic for care for yourself?

☐ None **Go to Question 32 of the CAHPS 2.0 Adult Core Questionnaire**

¹ ☐ 1

² ☐ 2

³ ☐ 3

⁴ ☐ 4

⁵ ☐ 5 to 9

⁶ ☐ 10 or more

DENTAL CARE (continued)

D3. We want to know your rating of your dental care from all dentists and other dental providers in the last 12 months.

Use any number from 0 to 10 where 0 is the worst dental care possible, and 10 is the best dental care possible. How would you rate your dental care?

- ☐ 0 Worst dental care possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best dental care possible
- ☐ I didn't have any dental care in the last 12 months.

BEHAVIORAL HEALTH

Insert MH1 to MH3 after Q-31 in “Your Health Care in the Last 12 Months” section of the CAHPS 2.0 Adult Core Questionnaire

For Medicaid, reference period should be stated as “In the Last 6 Months”

MH1. In the last 12 months, did you need any treatment or counseling for a personal or family problem?

¹ ☐ Yes

² ☐ No **Go to Question 32 of the CAHPS 2.0 Adult Core Questionnaire**

MH2. In the last 12 months, how much of a problem, if any, was it to get the treatment or counseling you needed through your health plan?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem

☐ I didn't need to get any treatment or counseling in the last 12 months.

MH3. We want to know your rating of all the treatment or counseling you got in the last 12 months.

Use any number from 0 to 10 where 0 is the worst treatment or counseling possible, and 10 is the best treatment or counseling possible. How would you rate your treatment or counseling?

☐ 0 Worst treatment or counseling possible

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Best treatment or counseling possible

CHRONIC CONDITIONS

Insert CC1 to CC4 after Q-7 in “Your Personal Doctor or Nurse” section of the CAHPS 2.0 Adult Core Questionnaire

CC1. Is this person a general doctor, a specialist doctor, a physician assistant, or a nurse?

- ¹ ☐ General doctor (Family practice or internal medicine)
- ² ☐ Specialist doctor
- ³ ☐ Physician assistant
- ⁴ ☐ Nurse
- ☐ I don't have a personal doctor or nurse.

CC2. How many months or years have you been going to your personal doctor or nurse?

- ¹ ☐ Less than 6 months
- ² ☐ 6 up to 12 months
- ³ ☐ 12 up to 24 months
- ⁴ ☐ 2 up to 5 years
- ⁵ ☐ 5 years or more
- ☐ I don't have a personal doctor or nurse.

CC3. Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage your day-to-day activities?

- ¹ ☐ Yes
- ² ☐ No **Go To Question 8 of the CAHPS 2.0 Adult Core Questionnaire**

CC4. Does your personal doctor or nurse understand how any health problems you have affect your day-to-day life?

- ¹ ☐ Yes
- ² ☐ No
- ☐ I don't have any health problems or I don't have a personal doctor or nurse.

CHRONIC CONDITIONS (continued)

Insert CC5 after Q-11 in “Getting Health Care From Specialist” section of the CAHPS 2.0 Adult Core Questionnaire

CC5. In the last 12 months, how many times did you go to specialists for care for yourself?

☐ None **Go to Question 14 of the CAHPS 2.0 Adult Core Questionnaire**

¹ ☐ 1

² ☐ 2

³ ☐ 3

⁴ ☐ 4

⁵ ☐ 5 to 9

⁶ ☐ 10 or more

Insert CC6 to CC8 after Q-30 in the “Your Health Care in the Last 12 Months” section of the CAHPS 2.0 Adult Core Questionnaire

CC6. We want to know how you, your doctors, and other health providers make decisions about your health care.

In the last 12 months, were any decisions made about your health care?

¹ ☐ Yes

² ☐ No **Go to Question 31 of the CAHPS 2.0 Adult Core Questionnaire**

CC7. In the last 12 months, how often were you involved as much as you wanted in these decisions about your health care?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

☐ No decisions were made about my health care in the last 12 months.

CHRONIC CONDITIONS (continued)

CC8. In the last 12 months, how much of a problem, if any, was it to get your doctors or other health providers to agree with you on the best way to manage your health conditions or problems?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem

☐ No decisions were made about my health care in the last 12 months.

<p><i>Insert CC9 to CC14 after Q-31 in “Your Health Care in the Last 12 Months” section of the CAHPS 2.0 Adult Core Questionnaire</i></p>

OTHER HEALTH SERVICES

CC9. In the last 12 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment?

¹ ☐ Yes

² ☐ No **Go to Question CC11**

CC10. In the last 12 months, how much of a problem, if any, was it to get the special medical equipment you needed through your health plan?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem

☐ I didn't need to get any special medical equipment in the last 12 months.

CC11. In the last 12 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?

¹ ☐ Yes

² ☐ No **Go to Question CC13**

CHRONIC CONDITIONS – OTHER HEALTH SERVICES (continued)

CC12. In the last 12 months, how much of a problem, if any, was it to get the therapy you needed through your health plan?

- ¹ ☐ A big problem
- ² ☐ A small problem
- ³ ☐ Not a problem
- ☐ I didn't need special therapy in the last 12 months.

CC13. Home health care or assistance means home nursing, help with bathing or dressing, and help with basic household tasks.

In the last 12 months, did you need someone to come into your home to give you home health care or assistance?

- ¹ ☐ Yes
- ² ☐ No **Go to Question 32 of the CAHPS 2.0 Adult Core Questionnaire**

CC14. In the last 12 months, how much of a problem, if any, was it to get the care or assistance you needed through your health plan?

- ¹ ☐ A big problem
- ² ☐ A small problem
- ³ ☐ Not a problem
- ☐ I didn't need home health care or assistance in the last 12 months.

<p><i>Insert CC15 to CC18 after Q-39 in "About You" section of the CAHPS 2.0 Adult Core Questionnaire</i></p>

MEASURES OF HEALTH STATUS

CC15. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?

- ¹ ☐ Yes
- ² ☐ No

CHRONIC CONDITIONS – MEASURES OF HEALTH STATUS (continued)

CC16. Because of any impairment or health problem, do you need help with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

¹ ☐ Yes

² ☐ No

CC17. Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?

¹ ☐ Yes

² ☐ No

CC18. We want to know your rating of how well your health plan has done in providing the equipment, services, and help you need.

Use any number from 0 to 10 where 0 is the worst your plan could do and 10 is the best your plan could do. How would you rate your health plan now?

☐ 0 Worst your health plan could do

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Best your health plan could do

CHRONIC CONDITIONS – MEASURES OF HEALTH STATUS (continued)

*Insert CC19 to CC22 after Q-39 in the “About You” section
of the CAHPS 2.0 Adult Core Questionnaire*

CC19. In the last 12 months, have you been a patient in a hospital overnight or longer?

¹ ☐ Yes

² ☐ No

CC20. Do you now have any physical or medical conditions that have lasted for at least 3 months? [Women: DO NOT include pregnancy.]

¹ ☐ Yes

² ☐ No **Go to Question 40 of the CAHPS 2.0 Adult Core Questionnaire**

CC21. In the last 12 months, have you seen a doctor or other health provider more than twice for any of these conditions?

¹ ☐ Yes

² ☐ No

☐ I have no conditions that have lasted 3 months.

CC22. Have you been taking prescription medicine for at least 3 months for any of these conditions?

¹ ☐ Yes

² ☐ No

☐ I have no conditions that have lasted 3 months.

PREGNANCY CARE

Insert P1 to P4 after Q-30 in “Your Health Care in the Last 6 Months” section of the CAHPS 2.0 Adult Core Questionnaire

P1. Are you male or female?

- ¹ ☐ Male **Go to Question 31 of the CAHPS 2.0 Adult Core Questionnaire**
² ☐ Female

P2. Are you pregnant right now?

- ¹ ☐ Yes
² ☐ No **Go to Question P4**

P3. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, a mid-wife, or anyone else you would see for health care when you are pregnant.

Have you been to a doctor or other health provider for a pregnancy care check-up for this pregnancy?

- ¹ ☐ Yes
² ☐ No **Go to Question 31 of the CAHPS 2.0 Adult Core Questionnaire**
☐ I am not pregnant.

P4. Have you given birth in the last 6 months?

- ¹ ☐ Yes
² ☐ No **Go to Question 31 of the CAHPS 2.0 Adult Core Questionnaire**

PRESCRIPTION MEDICINE

*Insert PM1 to PM3 after Q-38 in “Your Health Insurance Plan” section
of the CAHPS 2.0 Adult Core Questionnaire*

For Medicaid, reference period should be stated as “In the Last 6 Months”

PM1. In the last 12 months, did you get any new prescription medicine or refill a prescription?

¹ ☐ Yes

² ☐ No

Go to Question 39 of the CAHPS 2.0 Adult Core Questionnaire

PM2. In the last 12 months, how much of a problem, if any, was it to get your prescription medicine from your health plan?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem

☐ I didn't get any prescriptions in the last 12 months.

PM3. In the last 12 months, how often did you get the prescription medicine you needed through your health plan?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

☐ I didn't get any prescriptions in the last 12 months.

TRANSPORTATION

*Insert T1 to T3 after Q-38 in “Your Health Insurance Plan” section
of the CAHPS 2.0 Adult Core Questionnaire*

For Medicaid, reference period should be stated as “In the Last 6 Months”

- T1. Some health plans help with transportation to doctors’ offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage.**

In the last 12 months did you call your health plan to get help with transportation?

¹ ☐ Yes

² ☐ No **Go to Question 39 of the CAHPS 2.0 Adult Core Questionnaire**

- T2. In the last 12 months, when you called to get help with transportation from your health plan, how often did you get it?**

¹ ☐ Never **Go to Question 39 of the CAHPS 2.0
Adult Core Questionnaire**

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

☐ I didn’t need help with transportation in the last 12 months.

- T3. In the last 12 months, how often did the help with transportation meet your needs?**

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

☐ I didn’t need help with transportation in the last 12 months.

CLAIMS PROCESSING

*Insert CP1 to CP4 before Q-32 in “Your Health Plan” section
of the CAHPS 2.0 Adult Core Questionnaire*

CP1. Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you.

In the last 12 months, did you or anyone else send in any claims to your health plan?

¹ ☐ Yes

² ☐ No

Go to Question 32 of the CAHPS 2.0 Adult Core Questionnaire

☐ Don't Know

Go to Question 32 of the CAHPS 2.0 Adult Core Questionnaire

CP2. In the last 12 months, how often did your health plan handle your claims in a reasonable time?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

☐ Don't Know

☐ No claims were sent for me in the last 12 months.

CP3. In the last 12 months, how often did your health plan handle your claims correctly?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

☐ Don't Know

☐ No claims were sent for me in the last 12 months.

CLAIMS PROCESSING (continued)

CP4. In the last 12 months, before you went for care, how often did your health plan make it clear how much you would have to pay?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

☐ Don't Know

☐ No claims were sent for me in the last 12 months.

MEDICAID ENROLLMENT

*Insert ME1 to ME4 before Q-32 in “Your Health Plan” section
of the CAHPS 2.0 Adult Core Questionnaire*

When using this set of questions, note that Q-3 and Q-4 from the CAHPS 2.0 Adult Core Questionnaire appear after ME1, instead of the beginning of the questionnaire.

ME1. Some states pay health plans to care for people covered by {Medicaid/State name for Medicaid}. With these health plans, you may have to choose a doctor from the plan list or go to a clinic or health care center on the plan list.

Are you covered by a health plan like this?

¹ ☐ Yes

² ☐ No **Go to Question 32 of the CAHPS 2.0 Adult Core Questionnaire**

ME2. Did you choose your health plan or were you told which plan you were in?

¹ ☐ I chose my plan.

² ☐ I was told which plan I was in.

ME3. You can get information about plan services in writing, by telephone, or in-person.

Did you get any information about your health plan before you signed up for it?

¹ ☐ Yes

² ☐ No **Go to Question 32 of the CAHPS 2.0 Adult Core Questionnaire**

ME4. How much of the information you were given before you signed up for the plan was correct?

¹ ☐ All of it

² ☐ Most of it

³ ☐ Some of it

⁴ ☐ None of it

☐ I didn't get any information about my health plan.

COST SHARING

*Insert CS1 after Q-38 in "Your Health Plan" section
of the CAHPS 2.0 Adult Core Questionnaire*

CS1. People can pay for their health insurance directly or out of their pay check.

Do you or your family pay any part of the cost of your health plan?

¹ ☐ Yes

² ☐ No

COVERED BY MULTIPLE PLANS

Insert MP1 after Q-4 of the CAHPS 2.0 Adult Core Questionnaire

MP1. Not counting dental insurance, are you covered by any other health plan?

¹ ☐ Yes

² ☐ No

RELATION TO POLICYHOLDER

*Insert PH1 after Q-44 in "About You" section of the
CAHPS 2.0 Adult Core Questionnaire*

PH1. Health insurance plans are usually in one person's name, the policyholder.

Are you the policyholder?

¹ ☐ Yes

² ☐ No

HEDIS SET

*Insert H1 to H3 after Q-35 in the "Your Health Plan" Section of the
CAHPS 2.0 Adult Core Questionnaire*

For Medicaid, reference period should be stated as "In the Last 6 Months"

H1. In the last 12 months, have you called or written your health plan with a complaint or problem?

¹ ☐ Yes

² ☐ No **Go to Question 36 of the CAHPS 2.0 Adult Core Questionnaire**

H2. How long did it take for the health plan to resolve your complaint?

¹ ☐ Same day

² ☐ 1 week

³ ☐ 2 weeks

⁴ ☐ 3 weeks

⁵ ☐ 4 or more weeks

⁶ ☐ I am still waiting for it to be settled.

☐ I haven't called or written with a complaint or problem in the last 12 months.

H3. Was your complaint or problem settled to your satisfaction?

¹ ☐ Yes

² ☐ No

³ ☐ I am still waiting for it to be settled.

☐ I haven't called or written with a complaint or problem in the last 12 months.

HEDIS SET (continued)

*Insert H4 after Q-17 in “Your Health Care in the Last 12 Months” section
of the CAHPS 2.0 Adult Core Questionnaire*

H4. In the last 12 months, how many days did you usually have to wait between making an appointment for regular or routine care and actually seeing a provider?

- ¹ ☐ Same day
- ² ☐ 1 day
- ³ ☐ 2-3 days
- ⁴ ☐ 4-7 days
- ⁵ ☐ 8-14 days
- ⁶ ☐ 15-30 days
- ⁷ ☐ 31 days or longer
- ☐ I didn't need an appointment for regular or routine care in the last 12 months.

*Insert H5 after Q-19 in “Your Health Care in the Last 12 Months” section
of the CAHPS 2.0 Adult Core Questionnaire*

H5. In the last 12 months, how long did you usually have to wait between trying to get care and actually seeing a provider for an illness or injury?

- ¹ ☐ Same day
- ² ☐ 1 day
- ³ ☐ 2 days
- ⁴ ☐ 3 days
- ⁵ ☐ 4-7 days
- ⁶ ☐ 8-14 days
- ⁷ ☐ 15 days or longer
- ☐ I didn't need care right away for an illness or injury in the last 12 months.

HEDIS SET (continued)

*Insert H6 to H9 after Q-39 in “About You” section of the CAHPS 2.0
Adult Core Questionnaire*

For Medicaid, reference period should be stated as “In the Last 6 Months”

H6. Have you ever smoked at least 100 cigarettes in your entire life?

¹ ☐ Yes

² ☐ No

**Go to Question 40 of the CAHPS 2.0
Adult Core Questionnaire**

☐ Don't know

**Go to Question 40 of the CAHPS 2.0
Adult Core Questionnaire**

H7. Do you now smoke every day, some days or not at all?

¹ ☐ Every day

Go to Question H9

² ☐ Some days

Go to Question H9

³ ☐ Not at all

☐ Don't know

**Go to Question 40 of the CAHPS 2.0
Adult Core Questionnaire**

H8. How long has it been since you quit smoking cigarettes?

¹ ☐ Less than 12 months

² ☐ 12 months or more

**Go to Question 40 of the CAHPS 2.0
Adult Core Questionnaire**

☐ Don't know

**Go to Question 40 of the CAHPS 2.0
Adult Core Questionnaire**

H9. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

☐ None

¹ ☐ 1 visit

² ☐ 2 to 4 visits

³ ☐ 5 to 9 visits

⁴ ☐ 10 or more visits